



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas

57th DIRECTING COUNCIL

71st SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 30 September-4 October 2019

Provisional Agenda Item 7.11-A

CD57/INF/11
17 July 2019
Original: English

A. SEVENTY-SECOND WORLD HEALTH ASSEMBLY

1. The Seventy-second World Health Assembly of the World Health Organization (WHO) was held 20-28 May 2019 in Geneva, Switzerland, and attended by representatives and delegates of 194 Member States. The President of the Assembly was Laos, represented by Minister of Health Bounkong Syhavong. Five countries served as Vice Presidents: Bhutan, Mexico, Senegal, the United Arab Emirates, and Uzbekistan, in representation of their respective regions.

2. Ms. Socorro Flores Liera, Ambassador and Permanent Representative of Mexico to the United Nations (UN) Office and other international organizations in Geneva, served as Vice President of the Assembly, representing the Region of the Americas, and in that capacity had the opportunity to lead the plenary session of the Assembly on several occasions. Paraguay served as Rapporteur of Committee A and Guyana as vice-chair of Committee B. The Americas was represented at the General Committee by the Bahamas, Cuba, Honduras, and the United States; and in the Committee of Credentials by the Dominican Republic and Suriname.

3. In his opening remarks, Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO, described the achievements of the past year with an emphasis on the “triple billion” targets in the 13th General Programme of Work (GPW13). The Director-General spoke of the progress made toward universal health coverage (UHC) over the last year and praised the UHC laws that had been passed in countries such as the Philippines, Egypt, and El Salvador, among other examples. Dr. Tedros emphasized his belief that primary health care (PHC) “is where the battle for human health is won or lost” (1), citing the unanimous endorsement of the Declaration of Astana as a vital affirmation that UHC is not possible without PHC.

4. The Director-General enumerated several initiatives aimed at addressing the world’s leading causes of death and disease in which WHO is involved, including: the launch of the world’s first malaria vaccine in Malawi and Ghana, the development of a draft global strategy to accelerate cervical cancer elimination, the release of the 11th Edition of the International Classification of Diseases, the first UN High-Level

Meeting on Tuberculosis, and the formation of new partnerships to address the threat of antimicrobial resistance.

5. The Director-General also spoke about the emergencies that WHO is responding to in the world, such as Ebola in the Democratic Republic of the Congo, where there have been many attacks on health workers. Dr. Tedros paid tribute to Dr. Richard Valery Mouzoko Kibounga, WHO epidemiologist, who died in one of these attacks, and emphasized the importance of unity in the fight to end the Ebola outbreak, rather than incurring “the very real risk that it [Ebola] will become more widespread” (1). Taking into account the 481 emergencies and potential emergencies that WHO responded to in the last year, such as the cholera outbreak in Yemen, diphtheria in Cox’s Bazaar, and the ongoing humanitarian crisis in Syria, Dr. Tedros believed that WHO’s new division of emergency preparedness, coupled with WHO’s existing work on emergency response, would play a critical role in supporting countries to put in place the necessary measures to prepare for and prevent emergencies.

6. The Director-General reiterated his belief that a key to success in delivering an impact in countries and making a measurable difference in the lives of the people was the need for a stronger, transformed WHO, noting the wide-ranging WHO reforms that were announced in March 2019. In order to execute the GPW13, the Director-General urged all countries to approve the Programme budget for the 2020-2021 biennium that was developed and support the WHO’s new processes aiming to modernize the Organization, cut bureaucracy, and enhance responsiveness. In closing, Dr. Tedros highlighted the three priorities that should guide countries’ discussions during the Assembly and over the next year: *a)* health and political leadership; *b)* health partnerships; and *c)* people-centered health care.

7. Richard Horton, Editor-in-Chief of *The Lancet*, and Natasha Chibesa Wang Mwansa, a student from Zambia, were special guests at the opening session of the Assembly. The Director-General also announced the appointment of four new goodwill ambassadors to promote healthier lives, stronger health workforces and improved mental health globally, three of which were from the Region of the Americas.

8. During the Assembly, there was active participation and involvement from countries of the Region of the Americas in negotiations regarding resolutions and sponsoring side events. Speaking at the plenary of the Assembly, Member States of the Americas reaffirmed their commitment to achieving, or strengthening, universal health and shared their experiences.

9. There were a variety of notable awards and recognitions for countries and people of the Americas during the Assembly. Argentina was officially certified as malaria-free by WHO. In a ceremony held during the Assembly, the district of Iguain, Peru was awarded the WHO Sasakawa Health Prize for its work to reduce the rate of anemic children under three from 65% to 12% over a three-year period (2016-2019). Additionally, Peter Figueroa, Jamaican doctor and Professor of Public Health, Epidemiology and HIV-AIDs at the University of the West Indies, was recognized as a health leader for his substantial

contribution to public health in Jamaica, the Caribbean, the Americas, and the world over the past four decades.

10. The agenda of the Assembly included general items related to technical and health issues, as well as administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in plenary sessions.

11. The documents related to this report can be consulted at the WHO website: http://apps.who.int/gb/e/e_wha72.html.

12. A list of the resolutions and decisions adopted by the World Health Assembly that are of interest to the Region, the related PAHO resolutions, and implications that the WHA resolutions have for the Region can be found in the Annex to this document.

Other Matters: Executive Board

13. The 145th Session of the Executive Board was held on 29-30 May 2019. The Chair of the Executive Board was Dr. Hiro Nakatani, of Japan. The United States of America was elected as Rapporteur. Argentina, Brazil, Chile, Grenada, and Guyana currently occupy the other five seats of the Board that represent the Region of the Americas. Furthermore, with the end of term of Mexico, Chile will occupy the second seat of the Americas in the Programme, Budget and Administration Committee (PBAC). The Region has two seats in the PBAC; the second Member State of the Americas is Brazil.

14. The agenda of the 145th Session of the Executive Board consisted of 16 items, including governance reform, standardization of medical devices nomenclature, and the statement by the representative of the WHO Staff Association, among others.

15. Finally, the Board took note of the reports submitted. The Executive Board decided that the Seventy-third World Health Assembly be held at the Palais des Nations, in Geneva, starting on 17 May 2020 and ending no later than 21 May 2020. The Board also decided that its 146th Session would begin on 3 February 2020, at WHO headquarters in Geneva, and would end no later than 8 February 2020; that the Programme, Budget and Administration Committee of the Executive Board would hold its 31st meeting on 29-31 January 2020, at WHO headquarters in Geneva.

16. The full versions of these reports, as well as other related documents, can be consulted at the WHO website: https://apps.who.int/gb/e/e_eb145.html.

Action by the Directing Council

17. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

References

1. World Health Organization. Opening address by Tedros Adhanom Ghebreyesus, WHO Director-General [Internet]. 72nd World Health Assembly; 20 May 2019; Geneva, Switzerland. Geneva (Switzerland): WHO; 2019. Available at: <https://www.who.int/dg/speeches/detail/world-health-assembly>.

Annex

Table 1. Resolutions Adopted by the 72nd World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA72.1 Programme budget 2020–2021	Proposed programme budget 2020–2021 Documents A72/4 , A72/5 , A72/INF./2 , A72/INF./3 and A72/63	OD358 (2019) Program Budget of the Pan American Health Organization 2020-2021	<p>The WHO Programme Budget 2020-2021 (PB20-21) includes a 10% budget space increase in base programs from 2018-2019. For the Regional Office for the Americas (AMRO), this is reflected in a 13% increase with respect to 2018-2019 (from US\$ 190 million¹ to \$215 million). The overall funding levels for AMRO are lower than any other region or headquarters, and as such the increased budget may only imply a larger funding gap.</p> <p>To finance the budget, WHO has increased efforts to better coordinate, monitor, and engage on resource mobilization. The regions, including the Americas, must be duly represented to guarantee that regional requirements are accounted for.</p> <p>The WHO PB20-21 contains programmatic outcomes with “associated indicators” that are at both impact and outcome levels, reflecting the evolving nature of WHO’s results framework. The document also contains output statements, but without output indicators. In developing PAHO’s own Strategic Plan 20-25 and PB20-21, PASB and PAHO Member States have endeavored to ensure alignment and ensure efficient indicator reporting (the guidance has been “no double reporting and no gaps”) although this has been a challenge in view of the multi-layered and continuously evolving WHO results framework.</p> <p>The resolution explicitly asks the Director General to continue developing the results framework for the GPW and WHO PBs in consultation with Member States, including through the regional committees, and to present it to the Executive Board at its 146th session; the updated results framework is expected to be discussed during the upcoming 57th Directing Council (71st Session of the Regional Committee of WHO for the Americas).</p>

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA72.2 Primary health care	Primary health care towards universal health coverage Documents A72/12 and EB144/2019/REC/1, Resolution EB144.R9	CD53/5, Rev. 2 and CD53.R14 (2014) Strategy for Universal Access to Health and Universal Health Coverage	The Region actively participated in the negotiation of the Astana Declaration (2018), with 26 countries providing inputs into the Declaration (the highest number by any Region), and a clear vision of the way forward in primary health care (PHC) was provided by PAHO at the Astana conference, with a call to action to all actors. In April 2019, the Director of PAHO called on Member States to join a Regional Compact on Primary Health Care for Universal Health 2030. This call to action was in response to the report presented by the High-level Commission “Universal Health for the 21st Century: 40 years of Alma Ata”, which outlines 10 recommendations to achieve universal health through primary health care.
WHA72.3 Community health workers delivering primary health care: opportunities and challenges	Community health workers delivering primary health care: opportunities and challenges Documents A72/13 and EB144/2019/REC/1, Resolution EB144.R4	CD56/10, Rev. 1 and CD56.R5 (2018) Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 CSP29/10 and CSP29.R15 (2017) Strategy on Human Resources for Universal Access to Health and Universal Health Coverage	The approach adopted in the Strategy and Plan of Action for Human Resources of Health for Universal Access to Health and Universal Health Coverage relating to community health workers has been that health care worker planning – whether professional cadres, formal and/or informal health workforce – be based on needs and the definition of the model of care. The participation of community health workers in health teams operating at the primary health care level, and within the community will therefore depend on the structure and organization of the healthcare service delivery network, health needs of the population, and access to comprehensive health care services.
WHA72.4 Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage	Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage Documents A72/14 and EB144/2019/REC/1, Resolution EB144.R10	CD53/5, Rev. 2 and CD53.R14 (2014) Strategy for Universal Access to Health and Universal Health Coverage	The Region of the Americas is actively participating in the preparatory process for the high-level meeting at the United Nations General Assembly. The launching of the report “Universal Health for the 21st Century: 40 years of Alma Ata”, was an important forum to discuss how the Region can best contribute to the global process.

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA72.5 Antimicrobial resistance	Antimicrobial resistance Documents A72/18 and EB144/2019/REC/1, Resolution EB144.R11	CD56/INF/22-D (2018) Plan of Action on Antimicrobial Resistance: Midterm Review CD54/12, Rev.1 and CD54.R15 (2015) Plan of Action on Antimicrobial Resistance	Resolution EB144.R11 reiterates Member States' strong political commitment to combat antimicrobial resistance (AMR) with One Health lens. This Resolution on AMR is the first of its kind as it was initiated by Member States. It calls for greater support from all relevant stakeholders to help countries in the effective implementation of national action plans, support research and development efforts; and highlight the need for additional financial resources. After the 73rd UN General Assembly meeting and the G20 meeting in Argentina (2018), AMR continues as a high priority in the Region of the Americas. Global strategies and/or interventions to monitor and contain AMR under One Health approach are being implemented. PAHO (especially through PANAFTOSA) has a well-established collaboration with the regional offices of the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE). A joint Tripartite Secretariat will be established as per the UN Report of the General Secretary. Tuberculosis, malaria, HIV, neglected tropical diseases, and sexually transmitted infections are integrated in the National Action Plans as reflection of the Plan of Action on Antimicrobial Resistance. As per the Global Monitoring Survey (2018), all the respondent countries are developing (n=13, 45%) or implementing (n=16) their AMR National Action Plans (total: 29 countries, 83%).
WHA72.6 Global action on patient safety	Global Action on Patient Safety Documents A72/26 and EB144/2019/REC/1, Resolution EB144.R12	CD57/10 (2019) Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025	PAHO Member States continue to report a high incidence level of adverse events in health services within both hospital and ambulatory care in the Americas. A Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery has been developed for consideration during the 2019 PAHO Governing Bodies cycle. The Strategy and Plan of Action notes the importance of improving patient safety within a broader approach to improve quality of care throughout the Region, addressing quality in service delivery, governance and regulation of quality of care, and financing of health systems organization to improve quality.
WHA72.7 Water, sanitation and hygiene in health care facilities	Water, sanitation and hygiene in health care facilities Documents A72/27 and EB144/2019/REC/1, Resolution EB144.R5	CD53/5, Rev. 2 and CD53.R14 (2014) Strategy for Universal Access to Health and Universal Health Coverage	Improvement in water quality, sanitation, and hygiene in health facilities may significantly contribute to the Strategy for Universal Access to Health and Universal Health Coverage by promoting the inclusion of water, sanitation, and hygiene in health care facilities.

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA72.8 Improving the transparency of markets for medicines, vaccines, and other health products	Access to medicines and vaccines and health products Document A72/17	CSP29/16 (2017) Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas CD55/10, Rev. 1 and CD55.R12 (2016) Access to and rational use of strategic and high-cost medicines and other health technologies	Increasing access to medicines, vaccines, medical devices and other health technologies remains a priority for PAHO Member States. Member States have received technical cooperation to strengthen and build related policies and actions to promote access, rational use and affordability of medicines, vaccines, medical devices and other health technologies.
WHA72.15 Eleventh revision of the International Classification of Diseases	Eleventh revision of the International Classification of Diseases Documents A72/29 and A72/29 Add.1		<p>The International Statistical Classification of Diseases and Related Health Problems (ICD) is the global standard classification, adopted for all countries in the Americas to report their mortality and morbidity statistics. In addition, it is used for health insurance reimbursement, health program management, and resource allocation. Such data, disaggregated by age, sex and cause of death, constitute the foundation for tracking progress in national and global health commitments.</p> <p>PAHO welcomes the approval of the ICD-11 by the WHA72.15. The new classification reflects the advances in medicine and related disciplines and allow countries to capture clinical details more accurately. This enriches the information for population-based health initiatives and programs. It can be used either online or offline, where internet is less reliable, and can also be printed. In addition, ICD-11 has the structure necessary for interoperability with electronic medical records systems.</p> <p>Transitioning to a new Classification requires forward planning. The Region has started planning the transition process. A Regional road map was developed by 21 countries as a guide towards a gradual and sustainable implementation. Countries have also participated in translations, pilot testing, training, establishment of inter-programmatic committee, among others.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA72.16 Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured	Emergency and trauma care Document A72/31		<p>The recommendations in the report are considered relevant for the Americas. Member States might consider if a Plan of Action to strengthen the integration of emergency and prehospital services may be relevant for the Americas.</p> <ul style="list-style-type: none"> • Each component of Emergency Care Systems plays a key role as part of a comprehensive chain to ensure timely urgent clinical care. Several countries in the Americas have developed prehospital care in isolation or even neglected to strengthen other links of the care chain. • Some Member States in the Americas have established legislation to include prehospital Emergency Medical Services (EMS) as mandatory. However, there is uneven development of specific policies to address the regulation of these prehospital services, ambulance standards, professionals and curricula profiles, training plans, and quality assurance programs, among others. • There is a need to improve the use of data collection and information management mechanism to identify the burden of emergency care and increase the efficiency of the prehospital response. • PAHO has developed a prehospital information tool known as SISMED (Sistema Integrado de Servicios Médicos de Emergencias y Desastres). This platform facilitates the management of key processes within the Emergency Medical Regulation and Dispatch Centers, as well as, the interaction between the prehospital providers and the hospital facilities. SISMED has been implemented by the Dominican Republic and Ecuador. • PAHO developed an EMS Capacity Assessment Package to support prehospital care system to identify gaps and strengths, as well as, recommendation to improve capacities. • The Regional Emergency Medical Team Group has established a working group to identify the components of the EMS to be strengthened, to ensure emergency care and medical transport during disaster response, as well as, to improve the coordination among EMS providers and mobile hospitals.

Table 2. Decisions Adopted by the 72nd World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA72(9) WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments	Health, environment and climate change Document A72/15	CD51/6, Rev. 1 and CD51.R15 (2011) Strategy and Plan of Action on Climate Change CD53/INF/6-A (2014) Strategy and Plan of Action on Climate Change CD56/INF/16 (2018) Strategy and Plan of Action on Climate Change: Final Report	The global strategy on health, environment, and climate change provides the basis for the development and implementation of a regional strategy to enhance the response on environmental determinants of health in the Region of the Americas, proposed to be presented to the PAHO Directing Council in 2020.
WHA72(10) Plan of action on climate change and health in small island developing States	Health, environment and climate change Document A72/16	CD56/INF/16 (2018) Strategy and Plan of Action on Climate Change: Final Report CD53/INF/6-A (2014) Strategy and Plan of Action on Climate Change CD51/6, Rev. 1 and CD51.R15 (2011) Strategy and Plan of Action on Climate Change	The Caribbean countries and territories will benefit directly from this WHO plan of action. In response and support to the plan of action, PAHO Member States of the Caribbean recently approved the “Caribbean Action Plan on Health and Climate Change”. The main benefit of the WHA Resolution will be the creation of a WHO Small Island Developing States (SIDS) Climate and Health Fund, which should also support the implementation of the Caribbean Action Plan. PAHO/CDE/19-007 (2019) Caribbean Action Plan on Health and Climate Change

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA72(11) Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases</p>	<p>Prevention and control of noncommunicable diseases Documents A72/19 and EB144/2019/REC/1, decision EB144(1)</p>	<p>CD56/9 and CD56.R9 (2018) Plan of action for cervical cancer prevention and control 2018-2030</p> <p>CD56/INF/22 (2018) Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm Review</p> <p>CSP29/11 and CSP29.R12 (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022</p> <p>CD55/INF/12-C (2016) Plan of Action for the Prevention and Control of Noncommunicable Diseases: Midterm Review</p> <p>CD55/INF/12-D (2016) Plan of Action to Reduce Harmful Use of Alcohol: Midterm Review</p> <p>CD53/INF/4, Rev. 1 (2014) Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases</p>	<p>Noncommunicable diseases (NCDs) are a high priority for PAHO; however, progress is slow towards the goal of 25% reduction in premature NCD mortality by 2025. PAHO is working closely with Member States to provide technical cooperation to achieve the NCD 14 new commitments as well as strengthen surveillance systems to monitor progress on NCD targets. Member States are urged to scale up the WHO Best Buy NCD interventions, notably: taxation on tobacco, alcohol and sugar sweetened beverages; strict regulation of marketing of alcohol, ultra-processed foods/sugary beverages and complete ban for advertisement, promotion and sponsorship of tobacco products; health warnings on tobacco; and strengthening of primary care services to improve diagnosis, treatment and control of NCDs (including measures aimed at reducing risk factors). PAHO continues to coordinate with the WHO secretariat to implement the global NCD initiatives in our Region, which include the HEARTs initiative for hypertension control, childhood cancer project, SAFER initiative for alcohol, MPOWER for tobacco control, REPLACE for trans fats, SHAKE for salt and the Global Coordinating Mechanism.</p> <p>Cancer is one of the 5 main NCDs. PAHO approved in 2018 the Plan of Action for Cervical Cancer Prevention and Control 2018-2030 that will contribute to the decline of the premature mortality due to NCDs. PAHO is conducting a regional meeting to discuss the implementation of the plan and to receive input from Member States on the Global Strategy for Cervical Cancer Elimination on August 2019.</p> <p>In response to this decision and consistent with the WHO Secretariat established process, PAHO is organizing a regional consultation on 19-20 September in 2019. A preliminary report will be produced and distributed to the delegations attending the Directing Council.</p>

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		CD53/8, Rev. 1 and CD53.R7 (2014) Plan of Action on Mental Health	
WHA72(12) Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits Documents A72/21 , A72/21 Add.1 and EB144/2019/REC/1, decision EB144(6)	CD44/13 and CD44.R8 (2003) Influenza Pandemic: Preparation in the Hemisphere	Pandemic Influenza Preparedness (PIP) priority countries are being encouraged to consider sustainability when implementing their PIP funds, so that continuity is guaranteed once the funding ceases. Ministers of Health and/or Foreign Affairs in the Region should foster high-level attention to the Nagoya Protocol as it pertains to public health. This will position the Region to address the challenges and uncertainties that countries have experienced, especially in sharing seasonal viruses. The PAHOFlu platform is now operational in nine countries and territories (Bolivia, Chile, Costa Rica, the Cayman Islands, Dominica, Honduras, Jamaica, Saint Lucia, Suriname). This platform allows these Member States to provide timely and consistent surveillance data as required.
WHA72(14) Promoting the health of refugees and migrants	Promoting the health of refugees and migrants Document A72/25 Rev.1	CD55/11, Rev. 1 and CD55.R13 (2016) Health of Migrants	Migration and health is a high priority for PAHO, particularly considering the intensification of two important migratory phenomena recently been observed in the Americas: migration from Mesoamerica towards the United States, and the migration from Venezuela to neighboring South American and Caribbean countries. Since 2016, the Organization has been involved in intensified technical cooperation within Venezuela and host countries receiving increased migration. PAHO works with international partners and local NGOs to enhance health systems management; improve the prevention and control of communicable and noncommunicable diseases; strengthen emergency management; and purchase medicines, vaccines, laboratory reagents, and other supplies for health programs. Member States should give attention to the implementation of the short- and medium-term recommendations included in Document CE164/INF/9 presented to the 164th Executive Committee, using as a reference PAHO's Guidance Document on Migration and Health released in April 2019.

- - -